

#### BALLOT QUESTION COMMITTEE COVER PAGE



		Ш	リ A B 2 B A B 3 B B B B B B B B B B B B B B B B	FOR OFFICIAL USE ONLY	
Report must be legible, typed or print treasurer or designated record keepe	led in ink and signed by the		3.This Statement covers From: 1-3	0-14 to 8-25-14	
Committee I.D. Number	23	Ċ,	C4! Committee's Mailing Address		
150102			P.O. BOX 947		
150102		<u> </u>	PINCONNING, MI	-4 <i>P</i> 450	
2. Committee Name			4.50 -3.	24-7069	
	LI TOANST	١.	Area Code and Phone:  1 the address in this box is different from the Statement of Organization, mail may	n the committee mailing address on	
FRIENDS OF PUB	CIC I FERINGII		the Statement of Organization, mail may	y be sent to this address by the filing	
			oniuai.		
5. Treasurer's Name and Residential			-		
MICHAEL STO	WER DU	Id DA	WING MI 4865	0	
1480 E. MT. FOR	EST RO, PI	O. C.014	INING MI 4865		
Area Code and Phone 989-	-324-7069				
6. Treasurer's Business Address		7. Des	signated Record Keeper's Name and Mi he committee has a Designated Record	ailing Address I Keeper)	
NA WA			ALA		
, , , ,			/ / / /		
Area Code and Phone		Area C	ode and Phone		
	8b.		8d:	8f. DISSOLUTION OF	
8. TYPE OF STATEMENT:	FEBRUARY STATEMEN	ΙΤ	Post Petition Sample Filing	COMMITTEE REQUEST	
8a. PRE-ELECTION			under MCL 168.483a	Effective Date of Dissolution	
OR	APRIL STATEMENT		(Required of Statewide Ballot		
	JULY STATEMENT		Question Committees only after		
POST- ELECTION	DOTODED STATEMENT		the submission of a sample petition prior to circulating the petition)	By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of	
Pre-Election or Post-Election	OCTOBER STATEMENT		,	outstanding debts, including late filing fees. Note: The disposition of	
Statement relates to:	8c ANNUAL STATEMEN	ır	86. CAMPAIGN STATEMENT	residual funds must be reported on Schedule 4B and the Summary Page.	
M GENERAL	- /		***************************************	r ugo.	
SCHOOL	(Coverage Year)		(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is		
SPECIAL			being amended)		
OTHER:					
Date of Election:					
NOV. 4, 2014					
A samplitage that door not have a Pe	L Sporting Waiver must file all rec	uired Ca	ampaign Statements. The Campaign S	tatements must include all applicable	
Schedules. Direct contributions, in-ki	ind contributions, loans, expen	ditures a	ampaign Statements. The Campaign S and outstanding debts count against the formation was shown on the committee aign Statement. If a request for a Rep mpaign statement can not be waived	\$1,000 Reporting Waiver threshold. 's Statement of Organization, an	
amendment to the Statement of Orga	inization should accompany the	is Camp	aign Statement. If a request for a Rep monion statement can not be waived	orting Walver is not received on .	
Ot belote the mind desame of a re	quites campaign statements	DIGI CUI			
	the difference was good in the	nronarati	ion of this siglement and attached sche	dules (if any) and to the best of	
Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.					
Current Treasurer or WIGHTAR CTDNER Rich March 8/25/14					
Current Treasurer or Designated Record Keeper MICHAEL STONER, Meskul Stoner 8/2 5/14  Type or Print Name Signature					
Туре	or mint name		Oignature		



#### SUMMARY PAGE BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 150702

2. Committee Name FRIENDS OF PUBLIC TRANSIT

	2. Committee Hane	T
RECEIPTS	Column I Thìs Period	Column II Cumulative for Election Cycle
Contributions     a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) \$ //30.00	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ NOT APPLICABLE	//20.00
c. Subtotal of Contributions	(3c.) \$ // 30.00	(18.)\$ <u>//30.00</u> (19.)\$
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>// 30.00</u>	(20.) \$
IN-KIND CONTRIBUTIONS		
In-Kind Contributions     a. Itemized In-Kind Contributions     (Schedule 4-IK, Column 7)	(6a.) \$ 93.60	,
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7) \$ 93,60	(21.)\$
EXPENDITURES		
8. Expenditures	** <sub>*</sub>	
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(8a.) \$	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$	
<ul> <li>c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)</li> </ul>	(8c.) \$	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$	
e. Subtotal of Expenditures	(8e.) \$	(22.) \$
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$	(24.) \$
IN-KIND EXPENDITURES  11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ 93,60	(25.)\$ 93,60
DEBTS AND OBLIGATIONS  12. Debts and Obligations  a. Owed by the Committee (Schedule 4E)	(12a.)\$	
b. Owed to the Committee (Schedule 4E)	(12b.) \$	<u> </u>
BALANCE STATEMENT		
Ending Balance of last report filed     (Enter zero if no previous reports have been filed.)	(13.)\$	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.)+ //30.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = // <i>30.00</i>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.)	-
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.)\$ //30.00	*
<u>é</u>		

<sup>\*</sup>if your ending balance is negative, please recheck your math.



## ITEMIZED CONTRIBUTIONS SCHEDULE 4A

1. Committee I.D. Number

/	5	0	1	02	•	

BALLOT QUESTION COM	MITTEE 2. Committee	Name FRIENDS	OF PUBL	16 TRANSI
Please enter contributors name and address. If c middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
3. Contribution #1 4. Name & Address:  WOZNIAK, CATHY 763 E, WILDER IRD BAY CITY MI 4870		2014	\$ 20.00	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide:				
Occupation Emp	loyer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
TOBIN. JUDITH	Date of Receipt AUG. 6	2014	\$ 50.00	. 50.00
3147 GASLIGHT DR.	p.		<b>\$</b>	<u> </u>
BAY LITY MI 48706 5. If over \$100.00 cumulative, please provide:	>		Click Here for Mem	o (temization
Occupation Emp	loyer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #3 Name & Address: USW LOCAL 8422 ISIO N. JOHNSON S BAY CITY MT 48708	Date of Receipt <u>AUG.</u> 13	5 <u>2019</u>	\$ 400.00	\$ 400.00
5. If over \$100.00 cumulative, please provide:			Click Here for Memo	o Itemization
Occupation UNION Emp	oloyer UNITED STEL	ELWORKIERS	UNION	
Rusiness Address /510 N. JOHN	SON ST., BAY CI	TY MI 4876	P.	
Occupation UNION Employees Address 1510 N. John.  Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 4. Name & Address:	Date of Receipt AUG. 20,	2014		
GIBSON, BENTON 3087 OLD KAWKAWLI BAY LITY MI 48  5. If over \$100.00 cumulative, please provide:			\$ <u>/00.00</u> Click Here for Mem	
Occupation RETIRED Emp	loyer			
Business Address	•			
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Page of 4		Page Subtotal Total of All Schedules 4A on last page of Schedule)	Enter this total on line 3a of	
rays <u>, /</u> vi <u>, , /</u>			Summary Page	

PAGIE 1 OF 4



#### **ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number	150702	

SCHEDULE 4			Print Maria and Paris	me make.	a management of the comment
BALLOT QUESTION	COMM	ITTEE 2. Commi	ttee Name RIENAS	or ruper	<u> </u>
Please enter contributors name and addre middle initial.	ss. If con	tribution is from an individual, e	enter last name, first name,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: DEVOS, TIMOTHY 1616 - 8 MILE RE KAWKAWLIN ME 5. If over \$100.00 cumulative, please pr	486		20, 2014	\$ <u>25,00</u> Click Here for Me	\$ 25.00 mo Itemization
		ar.			
Occupation	_ caspioy		·····		
Business Address  Type of Contribution: Direct		Loan from a person	Fund Raiser		
3. Contribution # 2 Name & Address:  NORMAN, RONALD  2015 MICHIGAN  BAY CITY MI 4  5. If over \$100.00 cumulative, please pro	AVE 8708	ate of Receipt <u>All G.</u> 3	<u> 2014</u>	\$ 20.00 Click Here for Men	\$
		ver			
Business Address  Type of Contribution: Direct		Loan from a person	Fund Raiser		
3. Contribution #3 Name & Address: GASTA, DOUGLAS 222 STATE PARK 2 BAY CITY UI 481	>RIVE	ate of Receipt <u>AU.6.</u> 20	1	\$ 50,00	
5. If over \$100.00 cumulative, please pr				Click Here for Mem	io itemization
Occupation	_ Employ	yer			
Business Address	<u> </u>	7			
Business Address Type of Contribution: Direct		Loan from a person	Fund Raiser	,	
3. Contribution #4 Name & Address:  McNALLY, MELVIN  20\$1 FRASER RO.  KAWKACCIN MI YS  5. If over \$100.00 cumulative, please pro	63/	ate of Receipt <u>AUG. 2e</u>	<u> 2014</u>	\$ <u>40.00</u> Click Here for Mer	
Occupation	Employ	er			
Business Address	 	-			
Type of Contribution: Direct	l	Loan from a person	Fund Raiser		
Page <u>2</u> of <u>4</u>			Page Subtotal and Total of All Schedules 4A lete on last page of Schedule	Enter this total on line 3a of Summary	
				Page	



# ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee LD. Nu	mber <u>150702</u>	
2 Committee Name	RIANDS OF PUBL	IR TRANSIT
Z. Committee Name,		

Please enter contributors name and address middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
3. Contribution # 1 Name & Address:  LAMPBELL, MARIE	4. Date of Receipt AU6, 20	2014		
66 CAROL CT.	et m		\$_ <i>10.0</i> 0	\$ <u>/0,0</u> 0
ESSEXVILLE MI 48			Click Here for Men	no Itemization
5. If over \$100.00 cumulative, please prov				
Occupation	Employer			
Business Address		<u> </u>	•	
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 Name & Address: SMITH, DAVID 3076 E. MIDLAND	4. Date of Receipt AUG. 20	2014	\$ <u>25,00</u>	<u>\$ 25700</u>
BAY CITY MI 48 5. If over \$100.00 cumulative, please provi	106 ide:		Click Here for Mem	o Itemization
Occupation	Employer			
Business Address		F-7		
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #3 Name & Address:  POWELL, LAURENE  5177 URESTWAY  BAY LITY MI Y8  5. If over \$100.00 cumulative, please prov	DR. 706		\$	\$ <u>20.00</u>
Occupation	Employer			
Business Address  Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #4 Name & Address:  FOTTER, LISA 3226 QUEEN CT, PAY CITY MI UP 5. If over \$100.00 cumulative, please provi	4. Date of Receipt All 6. 20 106 de:	2014	\$ <u>20.00</u> Click Here for Mem	\$ <u>20.00</u>
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Page of		Page Subtotal d Total of All Schedules 4A e on last page of Schedule)	Enter this total on line 3a of Summary Page	



#### **ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE**

I. Committee I.D. Number	150	102	
i. Committee i.b. Number			

on line 3a of Summary Page

5	CHEDULE 4A		distance		and the state of t
BALLOT	QUESTION COM	VITTEE 2. Commi	ttee Name RIENSS	EF PUEKI	LIANSIT
Please enter contributors middle initial.	name and address. If co	ontribution is from an individual, e		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: DOM INOUS 2617 - 25 PAY CIT 5. If over \$100.00 cumula	KI, THOMA LL ST. Y UZ LS ative, please provide:	108	e 2014	\$ 50.00 Click Here for Me	\$ SO. OO mo Itemization
Occupation	Empl	oyer			
Business Address	Direct	Loan from a person	Fund Raiser		
3. Contribution # 2 Name & Address:  ANDER SEN  3655TAT  BAG CITY  5. If over \$100.00 cumula	TEFFRE  STREET  UT 48704  Itive, please provide:		<u>0, 2014                                    </u>	\$ 50,00	\$ 50.00
Occupation	Empl	oyer			
Business Address  Type of Contribution:	Direct	Loan from a person	Fund Raiser		
42000 KOF	LANSFORTATION PERNICK,	Date of Receipt AUG. 2  ON SERVICES  #A3  Of SEE ABOVE  Loan from a person		\$ 250.00 Click Here for Men	\$ 250.00
	Direct	Date of Receipt			
3. Contribution # 4 Name & Address:  5. If over \$100.00 cumula Occupation  Business Address		oyer		\$Click Here for Me	\$ mo Itemization
Type of Contribution:	Direct	Loan from a person	Fund Raiser	7	T
Page			Page Subtotal and Total of All Schedules 4A lete on last page of Schedule	1/30 00	



# ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 4-IK BALLOT QUESTION COMMITTEE	Committee I. D. Number  2. Committee Name    FRIENDS OF PUBLIC	L TRANSIT	
Name and Address from whom received     If contribution is from an Individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1	4. Loan endorsement or guarantee		
lame & Address: STONER, MICHAEC	Goods Donated or loaned Services Donated		
1480 E, MT, FOREST R.D.	Goods or Services Purchased by Others		
PINCONNING MI 48650		, 74.00	,74.00
If over \$100.00 cumulative, please provide:	Goods or Services Purchased by Others - LOAN  Description POST OFFICE BOX RENTA	* C	
Occupation	5. DATE OF RECEIPT: JULY 30, 2014		
Employer Name & Address:	6. VENDOR NAME & ADDRESS:	Click Here for Memo Ite	mization ,
• •	U.S. COSTAL SERVICE		
	PINCONNING MI 48650		
Fund Raiser	, , , , , , , , , , , , , , , , , , , ,		
Contribution #2	4. Loan endorsement or guarantee	***************************************	
lame & Address:	Goods Donated or loaned Services Donated		
STONER, MICHAEL 1480 E, MT, FOREST RD	Goods or Services Purchased by Others		
PINUONNING MI 48650	Goods or Services Purchased by Others - LOAN	100 1 0	0.7 / -
If over \$100.00 cumulative, please provide:	<b>└</b>	<u>\$ 19.60</u>	\$ 93.60
Occupation	Description POSTAGE STAMPS		
·	5. DATE OF RECEIPT: AUG. 15, 2014	Click Here for Memo Ite	mization
Employer Name & Address:	6. VENDOR NAME & ADDRESS:		
	U.S. POSTAL SERVICE		
	PINCONNING MI 4P650		
Fund Ralser			
Contribution #3 lame & Address:	4. Loan endorsement or guarantee		
talle & Address.	Goods Donated or loaned Services Donated		
	Goods or Services Purchased by Others		
	Goods or Services Purchased by Others - LOAN		
f over \$100.00 cumulative, please provide:	Description	\$	\$
Occupation	5. DATE OF RECEIPT:		
Employer Name & Address:	6. VENDOR NAME & ADDRESS:	Click Here for Memo Ite	mization
	•		
Fund Raiser			
	Page Subtotal	93.60	

Enter this total on line 6a of Summary Page

Grand Total of all Schedules 4-IK (Complete on last page of Schedule)